

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2020 - 203 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print) Submitted by: With Love Transportation LLC

Telephone: 803-606-0899

Address: 4443 Bethel Church Rd #54
Columbia, SC 29206

Fax:

Other:

Email: withlovetransportation@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: |

RECEIVED

AUG 24 2020

PSC SC
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 08/24/2020

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. With Love Transportation LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
4443 Bethel Church Rd #54
Street Address of Applicant
Mailing Address of Applicant (if different from street address)
803-606-0899
Phone Fax
withlovetransportation@gmail.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	0.00	Mortgage/Loan on Real Estate	0.00
Value of Motor Vehicles	8990.00	Loans Owed on Motor Vehicles	0.00
Cash on Hand	0.00	Business/Other Loans Owed	0.00
Cash in Bank	6000.00	Other Liabilities or Debts	0.00
Value of Other Assets and Equipment	0.00	Total Liabilities	0.00
Total Assets	14,990		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICEProposed Rates and Charges:

\$30.00 per trip

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input type="checkbox"/> Abbeville	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Florence	<input type="checkbox"/> Lee	<input type="checkbox"/> Saluda
<input type="checkbox"/> Aiken	<input type="checkbox"/> Chester	<input type="checkbox"/> Georgetown	<input type="checkbox"/> Lexington	<input type="checkbox"/> Spartanburg
<input type="checkbox"/> Allendale	<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Greenville	<input type="checkbox"/> Marion	<input type="checkbox"/> Sumter
<input type="checkbox"/> Anderson	<input type="checkbox"/> Clarendon	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Marlboro	<input type="checkbox"/> Union
<input type="checkbox"/> Bamberg	<input type="checkbox"/> Colleton	<input type="checkbox"/> Hampton	<input type="checkbox"/> McCormick	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Barnwell	<input type="checkbox"/> Darlington	<input type="checkbox"/> Horry	<input type="checkbox"/> Newberry	<input type="checkbox"/> York
<input type="checkbox"/> Beaufort	<input type="checkbox"/> Dillon	<input type="checkbox"/> Jasper	<input type="checkbox"/> Oconee	
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Kershaw	<input type="checkbox"/> Orangeburg	<input checked="" type="checkbox"/> Statewide
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Edgefield	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Pickens	
<input type="checkbox"/> Charleston	<input type="checkbox"/> Fairfield	<input type="checkbox"/> Laurens	<input type="checkbox"/> Richland	

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Dodge	Caravan	2D4RN3DG6BR627914		

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

With Love Transportation LLC

Name of Applicant

4443 Bethel Church RD #54 Columbia, SC 29206

Address of Applicant

Amount of Premium:

Liability Insurance \$ 8650

12

The above quoted premium is for a term of _____ months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	1,000,000
Medical Payments per Person	\$ 1,000	1,000

BHHC

Name of Insurance Company

1314 Douglas St Omaha, NE 68102

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

LaTocshia Campfield

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Richardina Campbell
Applicant's Signature

Owner
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Richland)

SWORN TO BEFORE ME
This 1 day of August, 2020

Sharon Buckner
Notary Public

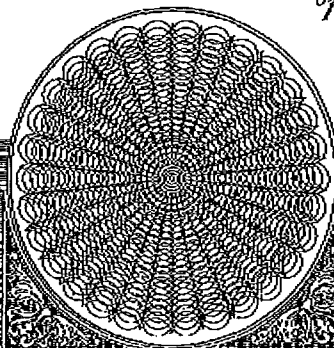
Commission Expires 3/18/29



MEMBERSHIP CERTIFICATE

This Certifies that La'Tocshia Campfield is the
registered holder of With LOVE Transportation Membership Interest(s)
of the above named Company, transferable only on the books of the Company by the holder hereof
in person or by Attorney upon surrender of this Certificate properly endorsed and in accordance with
the terms and conditions of the Articles of Organization and the Operating Agreement of the
Company, as amended to the date of transfer, copies of which may be inspected and copied during
normal business hours at the principal office of the Company.

In Witness Whereof, the said Company has caused this Certificate to be signed by its duly
authorized Manager(s) or Officer(s) and its Seal to be hereunto affixed
this 26 day of February A.D. 2020



South Carolina Secretary of State

Business Entities Online

File, Search, and Retrieve Documents Electronically

With Love Transportation LLC

Corporate Information

Entity Type: Limited Liability Company

Status: Good Standing

Domestic/Foreign: Domestic

Incorporated South Carolina
State:

Important Dates

Effective Date 02/14/2020

Expiration N/A
Date:

Term End N/A
Date:

Dissolved N/A
Date:

Registered Agent

Agent: UNITED STATES CORPORATION
AGENTS, INC.

Address: 1591 Savannah Highway, Suite 201
Charleston, South Carolina 29407

Official Documents On File

Filing Type	Filing Date
Articles of Organization	02/14/2020

For filing questions please contact us at 803-734-2158

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Account Summary For With Love Transportation LLC

BHHC
Quick

Quote #: 10841049

Status: Approved

Policy Type: AP

Originally Quoted: 4/26/2019 10:10 AM EST
 Quote Prints: 7/24/2020 10:01 AM EDT
 Proposed Effective: 7/31/2020 12:00 AM EST
 Proposed Expiration: 7/31/2021 12:00 AM EST

Commission: 12.50

Quoted By: Connor Neth
 Berkshire Hathaway Homestate
 1314 Douglas St
 Omaha, NE 68102

CNeth@bhhc.com

Producer: Taylor Agency
 147 Wappoo Creek Dr Ste 502
 Charleston, SC 29412
 Phone - (843) 762-1805
 Fax - (843) 795-3193

DOT #: Unknown

MC #: Unknown

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	1,000,000 CSL	8,244
7	UM - BIPD	25,000/50,000/25,000	336
7	UIM - BIPD	N/A	N/A
7	Medical Payments	N/A	N/A
7	Physical Damage	See Specific Unit	N/A
	Add'l Ins'd		100
Total			\$8,680.00

Revision: 2SC2020R02

Vehicle Information

BHHC-Rate Version: 8.6.37952.1003

Unit	Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	Al/Lessor	Unit Sub Total
1 2011 DODGE GRAND CARAVAN (27914) Radius: Up to 50 Miles	8,244	336	N/A	N/A	N/A	N/A	N/A	8,580



Berkshire Hathaway
 HOMESTATE COMPANIES



PO Box 31145 • Omaha, NE 68131
bhhc.com

Direct Bill Payment Plan Options

Date: 07/24/2020

Billing Services:

1-877-680-2442

7:00 AM-7:00 PM Central Time, Mon-Fri

billing@bhhc.com

Applicant Name: **With Love Transportation LLC**

Quote Number: 10841049

Indicated Premium: \$ 8,680.00 (includes government fees and assessments, if applicable)

Payment Plans:	11-Pay	6-Pay	4-Pay	2-Pay	Full Pay
Down Payment					
Due at Binding	\$1,736.00	\$1,736.00	\$2,353.00	\$4,514.00	\$8,680.00
Installments					
Month 1	\$694.40	\$1,388.80			
Month 2	\$694.40		\$2,108.52		
Month 3	\$694.40	\$1,388.80			
Month 4	\$694.40				
Month 5	\$694.40	\$1,388.80	\$2,109.24	\$4,166.00	
Month 6	\$694.40				
Month 7	\$694.40	\$1,388.80			
Month 8	\$694.40		\$2,109.24		
Month 9	\$694.40	\$1,388.80			
Month 10	\$694.40				

*Indicates number of months after policy effective date.

Direct Bill policies require a down payment at the time of binding. The down payment may be submitted online from the insured's bank account, credit or debit card during binding. Subsequent installments will be due on the same calendar day as the effective date of the policy. Please see the payment plan options above.

Recurring Payments



Recurring payments are a convenient and secure option to automatically deduct insurance payments from a bank account, credit card, or debit card on the scheduled due date. Enroll by completing the Recurring Payment Authorization form or by calling Billing Services at 1-877-680-2442 7 am - 7 pm Central Time Monday - Friday.

M-8711 (12/2017)

With Love Transportation LLC

Quote #: 10841049

M-5638 (08/2011)

II. OFFER OF ADDITIONAL UNINSURED MOTORIST COVERAGE

<u>Limits of Coverage</u>	<u>Premium Cost</u>
\$25,000 / \$50,000 / \$25,000	\$336
\$30,000/ \$60,000/ \$25,000	\$357
\$50,000/ \$100,000/ \$25,000	\$424
\$50,000/ \$100,000/ \$50,000	\$431

Your Policy's Liability Coverage Limits:

\$1,000,000 CSL \$1,123☐ I reject additional Uninsured Motorist Coverage☒ I select additional Uninsured Motorist Coverage at the following limits: \$25,000/ \$50,000/ \$25,000**III. OFFER OF UNDERINSURED MOTORIST COVERAGE**

<u>Limits of Coverage</u>	<u>Premium Cost</u>
\$25,000 / \$50,000 / \$25,000	<u>No Company Rate on File</u>
\$30,000/ \$60,000/ \$25,000	<u>No Company Rate on File</u>
\$50,000/ \$100,000/ \$25,000	<u>No Company Rate on File</u>
\$50,000/ \$100,000/ \$50,000	<u>No Company Rate on File</u>

Your Policy's Liability Coverage Limits:

\$1,000,000 CSL No Company Rate on File☒ I reject additional Underinsured Motorist Coverage☐ I select additional Underinsured Motorist Coverage at the following limits: N/A**IV. APPLICANT'S ACKNOWLEDGEMENT**

By my signature, I acknowledge that I have read – or I have had read to me – the above explanations and offers of additional uninsured motorist coverage and underinsured motorist coverage. I have indicated whether or not I wish to purchase each coverage in the spaces provided. I understand that the above explanations of these coverages are intended only to be brief descriptions of additional uninsured motorist coverage and underinsured motorist coverage, and that payment of benefits under either of these coverages is subject both to the terms and conditions of my automobile insurance policy and to the State of South Carolina's laws.

Type or Print Your Name: LaToshia Campbell
 Your Signature: [Signature]
 Your Address: 4443 Bethel Church Rd #54

Today's Date: 8/24/2020

M-5638 (08/2011)

Page 3 of 3